

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	VIN		03-27-01
FORMALITY REVIEW	H-5	865	05-03-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	9/2/01
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3	V
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5	V
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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